



# CHILD CARE FOOD PROGRAM

## INFANT FORMULA DECLINED STATEMENT

Provider's Name: \_\_\_\_\_

Provider's Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Type of infant formula offered by home child care provider:

\_\_\_\_\_

*Providers participating in the Child and Adult Care Food Program (CACFP) are required to make available and offer at least one infant formula that meets CACFP requirements. However, providers are not required to satisfy the unique formula needs of every infant. Parents have the option to either use the formula being offered or supply a different formula. If a parent chooses to decline the formula being offered and supply the infant formula of their choice, then the parent must complete the statement below. **The original statement must be sent to our office and the home child care provider must keep a copy in his/her files.***

.....

I am the parent of the infant named above and I decline the formula offered by my home child care provider. Instead, I choose to supply my infant's formula. I am aware that the formula I supply must be listed on the attached "Iron-Fortified Infant Formulas That Do Not Require a Medical Statement". If not I am aware that I must supply a Diet Statement from a doctor or clinic which specifies the type of formula to be used and the formula's iron content. This diet statement must contain the doctors or clinic's name and address and must be signed & dated by a medical authority.

1. Type of infant formula provided by parent:

\_\_\_\_\_

2. If without iron is a diet statement being obtained?

YES NO (If applicable, circle one)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

## INFANT DIET STATEMENT

Child's Name:	Parent's Name:
Address:	City:
State/Zip:	Date:

Dear Doctor:

The infant listed above is a participant in the Child And Adult Care Food Program (CACFP), which provides federal and state monies to help provide nutritious meals for children in child care centers and child care homes. Children with allergies/intolerance's to foods or formulas, or whose doctors require them to be on foods or formulas which are not approved on the CACFP, are required by federal regulation to have a statement from their physician on file with the child care provider and CCFP sponsor.

The child care provider is offering the formula listed on the reverse. If this child is unable to tolerate the offered formula, or has other food intolerance's, please complete the information below recommending substitute formulas or foods. **(Please return the form to the parent.)**

Thank you for your assistance.

Sincerely,

Rosa Padilla  
Program Manager, CACFP  
Santa Barbara Family Care Center

**CCFP Sponsor:**

Santa Barbara Family Care Center  
Child Care Food Program  
705 E. Main Street – Suite 106  
Santa Maria, CA 93454  
(805) 349-8018 or (800) 947-3965

**DOCTOR: PLEASE TYPE OR PRINT IN BLACK INK.**

ALLERGIC TO OR INTOLERANT OF:

\_\_\_\_\_  
SUBSTITUTE FORMULA:

\_\_\_\_\_  
PHYSICIAN'S NAME (PLEASE PRINT)

\_\_\_\_\_  
PHYSICIAN'S ADDRESS:

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

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